Workshop Registration Form

You may print this, fill it in and mail or fax it: (Registrations taken on a first come, first served basis.)

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Please Print Clearly		
Contact Person	Pho	one
Company	Fax	
Address	UB	Number
City/State/Zip E-mail Address		nail Address
To register by phone: Fax registration: (360) 902-5459 Mail registration: Department of Labor & Industries WISHA Training & Outreach PO Box 44641 Olympia, WA 98504-4641		
You may photocopy this form as needed. Registrations are taken on a first come, first served basis. If your choices are already full, you will be registered for the next available workshop in your area or placed on a waiting list. Participants will receive certification of attendance. Call 1-800-574-2829 or E-mail us at workshopsched@Lni.wa.gov , if you have questions about any of the workshops. What is the date of the earliest workshop you've registered for? (This information assists us in processing your information promptly.)		
1 st Choice Course #	2 nd Choice Course #	Names of Participants
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If you have a disability and require special accomodations to access this event, please register at least four weeks in advance and check the box below: Special Accommodations Required Please tell us how you learned about L&I's workshops: Received the workshop catalog in the mail Read about workshops in a newspaper Saw an advertisement Business or trade association provided information Talked with someone who works for L&I Saw information on L&I's website Other		
Please check the mailing lists to which you would like your name added: ☐ Workshop Schedule ☐ Governor's Safety & Health Conference		

☐ Safety & Health Video Library